

WASHINGTON STATE
DEPARTMENT OF
E C O L O G Y

Well Tagging Form

Unique Well Tag No: APH127

RECORD VERIFICATION (check ☒ one)

- ☒ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

Name: Lily Water System

Street Address: 159 E RUBLEY RD

City: GREENBANK

State: WA

WELL LOCATION IF DIFFERENT FROM WELL REPORT

Well Address: Lily Ln

City: _____

County: Island

T. 30N R. 02E W.M. Sec. 19 NW 1/4 of the SE 1/4

FOR AGENCY USE ONLY

Latitude: 48 4.239568

Longitude: 122 36.29706

Elevation at land surface 144 feet meters (circle one)

Additional Information, if available:

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

- ☒ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☒ Other: Computer Generated from
DEM and GPS XY Coordinates

Tag placed and well
GPS'd by:



FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

First Quick Left On Lilly Ln. Pumphouse Is Brown And On Left. Well Head Directly Behind Pumphouse.

Location of Well Identification Tag:

Was supplemental tag needed for easy of identifying well? ☐ Yes ☒ No

If yes, where was tag placed? _____

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

SECTION: 30N/02E-19

COMMENTS: _____

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right # _____ Date Issued: _____

Circle One: Application Permit Certificate Claim Exempt

46748
 File Original and First Copy with
 Department of Ecology
 Second Copy — Owner's Copy
 Third Copy — Driller's Copy

ENTERED

WATER WELL REPORT

STATE OF WASHINGTON

Water Right Permit No.

Start Card No. W063677

UNIQUE WELL I.D. # Please Send

30-2-19 R

(1) OWNER: Name Frank H. Eaton Address 3860 S. Smuggler Ave Rd - Clinton

(2) LOCATION OF WELL: County Island SE 1/4 SE 1/4 Sec 19 T. 30 N. R. 2 W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) Parcel # R23019-204-2380

(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☒
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one)
 Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
 Deepened ☐ Cable ☒ Driven ☐
 Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
 Drilled 166 feet. Depth of completed well 166 ft.

(6) CONSTRUCTION DETAILS:
 Casing installed: 6 Diam. from 12 ft. to 161 ft.
 Welded ☒ Diam. from ft. to ft.
 Liner installed ☐ Diam. from ft. to ft.
 Threaded ☐ Diam. from ft. to ft.

Perforations: Yes ☐ No ☒
 Type of perforator used
 SIZE of perforations in. by ft.
 perforations from ft. to ft.
 perforations from ft. to ft.
 perforations from ft. to ft.

Screens: Yes ☒ No ☐
 Manufacturer's Name WESCO
 Type SS Model No.
 Diam. 5 Slot size 1/4 from 161 ft. to 166 ft.
 Diam. Slot size from ft. to ft.

Gravel packed: Yes ☐ No ☒ Size of gravel
 Gravel placed from ft. to ft.

Surface seal: Yes ☒ No ☐ To what depth? 13 ft.
 Material used in seal Bentonite
 Did any strata contain unusable water? Yes ☐ No ☒
 Type of water? Depth of strata
 Method of sealing strata off

(7) PUMP: Manufacturer's Name MSPS
 Type: Ranger 33015B H.P. 3

(8) WATER LEVELS: Land-surface elevation 200 ft.
 Static level 109 ft. below top of well Date 2/4/97
 Artesian pressure lbs. per square inch Date
 Artesian water is controlled by (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
 Was a pump test made? Yes ☒ No ☐ If yes, by whom? Joe Lohm
 Yield: 42 gal./min. with 26 ft. drawdown after 475 hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
0 min	135				
2 1/2 min	109				

Date of test 2/4/97
 Boiler test gal./min. with ft. drawdown after hrs.
 Airtest gal./min. with stem set at ft. for hrs.
 Artesian flow g.p.m. Date
 Temperature of water Was a chemical analysis made? Yes ☒ No ☐

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
TOP SOIL	0	1
HARD PACKED GRAVEL	1	55
SILT AND GRAY	55	57
SAND AND GRAY	57	102
LOOSE WATER SAND	102	160
COARSE SAND AND GR	160	166
CLAY GRAY	166	167

Work Started 1/30 1997 Completed 2/4 1997

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME Bobs Well Drilling
 (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
 Address 6104 S. Maxwellton Rd Cl.
 (Signed) Joe Lohm License No. 0264
 (WELL DRILLER)
 Contractor's Robert F. Alm-Helper
 Registration 50355051015W Date 2/5 1997
 No.

(USE ADDITIONAL SHEETS IF NECESSARY)

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